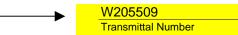
## Enter your transmittal number



Your unique Transmittal Number can be accessed online: <a href="http://mass.gov/dep/service/online/trasmfrm.shtml">http://mass.gov/dep/service/online/trasmfrm.shtml</a> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

## Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or	A.	. Permit Information					
print. A separate Transmittal Form		W205509  1. Permit Code: 7 or 8 character code from permit instructions  Existing sewer connection		BWP IW 38  2. Name of Permit Category			
must be completed							
for each permit application.							
арриосиоти		3. Type of Project or Activity					
2. Make your	_						
check payable to the Commonwealth	В.	Applicant Information – Firm of	or Individua	al			
of Massachusetts		University of Massachusetts Medical School					
and mail it with a copy of this form to:	1. Name of Firm - Or, if party needing this approval is an individual enter name below:						
DEP, P.O. Box	•						
4062, Boston, MA 02211.		2. Last Name of Individual 3. First Name of Individual			4. MI		
		55 Lake Avenue North 5. Street Address					
<b>3.</b> Three copies of this form will be needed.		Worcester	MA	01655	508-856-6723		
		6. City/Town	7. State	8. Zip Code	9. Telephone #	10. Ext. #	
		Jo-Ann Ranslow, EH&S Department	7. 0.0.0		v@umassmed.edu	10. Ext. //	
Copy 1 - the		11. Contact Person		12. e-mail address			
original must accompany your							
permit application.	C.	C. Facility, Site or Individual Requiring Approval					
Copy 2 must		UMASS Memorial Medical Center - University Campus					
accompany your fee payment.	Name of Facility, Site Or Individual						
Copy 3 should be		55 Lake Avenue North					
retained for your records		2. Street Address					
		Worcester	MA	01655	508-856-6723		
<b>4.</b> Both fee-paying and exempt		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
applicants must mail a copy of this		8. DEP Facility Number (if Known)  9. Federal I.D. Number (if Known)  10. BWSC Tracking # (if Known)					
transmittal form to:	D.	D. Application Prepared by (if different from Section B)*					
MassDEP		, , , , , , , , , , , , , , , , , , ,		,			
P.O. Box 4062	1. Name of Firm Or Individual						
Boston, MA 02211							
		2. Address					
* Note: For BWSC Permits, enter the LSP.		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
	,	8. Contact Person		9. LSP Number (B)	WSC Permits only)		
		` '					
	E. Permit - Project Coordination						
	1.						
		If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:					
	EOEA File Number						
	F. Amount Due						
DEP Use Only	Sn	ecial Provisions:					
•	<ol> <li>Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).</li> </ol>						
Permit No:	There are no fee exemptions for BWSC permits, regardless of applicant status.						
Death Dea	2. 3.	☐ Hardship Request - payment extensions acc					
Rec'd Date:	3. 4.	☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10). ☐ Homeowner (according to 310 CMR 4.02).					
Reviewer:			605.00				
			lar Amount		Date		

w205509\_trans\_form • rev. 1/07